



**The Commonwealth of Massachusetts
Executive Office of Public Safety and Security**

Office of Grants & Research
Research and Policy Analysis Division
Ten Park Plaza, Suite 3720
Boston, Massachusetts 02116

Electronic Control Weapons (ECW) Use Reporting Form

Calendar Year 2018

Agency Name: Brockton			
Name of Chief, Commissioner, or Agency Head: CHIEF JOHN CROWLEY		Name of Individual Completing Report: LT CHRISTOPHER LAFRANCE	
Contact Telephone: (508) 897-5381	Ext.	Contact Email: CLAFRANCE@BROCKTONPOLICE	Date Submitted: mm/dd/yyyy 07/24/2018

Semi-Annual Reporting Period	Time Period	Report Due Date
<input checked="" type="radio"/> 1st	January 1, 2018 – June 30, 2018	July 31, 2018
<input type="radio"/> 2nd	July 1, 2018 – December 31, 2018	January 31, 2019

Important!

- Collection of these data is authorized and required under MGL ch.170 sec. 2 of the Acts of 2004.
- EOPSS is mandated to publish these data annually. Annual reports are posted on the EOPSS website.
- Only provide information that reflects use of ECWs *during this semi-annual reporting period only*.
- Submit the completed report to ecw@MassMail.State.MA.US or fax it to Katie Sharkey at 617.725.0260.
- Contact Katie Sharkey by phone (617.725.3311) or via email (ecw@MassMail.State.MA.US) with any questions or concerns.

PART I. AGENCY INFORMATION

1. How many sworn officers were in your department at the end of this reporting period?
Include all part-time, full-time, reserve and other officers employed by your department.

190

2. How many sworn officers have completed the approved training program for ECWs to date?
Include all part-time, full-time, reserve and other officers employed by your department.

60

3. How many ECWs does your department own?

8

4. How many sworn officers who have completed the approved training program for ECWs carried ECWs during this reporting period?
Include all part-time, full-time, reserve and other officers employed by your department.

60

5. How many ECW involved *incidents* occurred during this reporting period?

10

- See next page for definition of an *ECW incident*.
- If no incidents occurred, report a value of zero (0) leave remaining questions blank.
Submit entire form.



PART II. INCIDENT LEVEL INFORMATION

DEFINITIONS FOR SECTION II

ECW Incident

- An event in which an officer (or a group of officers) issued a warning and/or deployed an ECW on a single subject.

ECW Contact

- Each individual officer's deployment, warning, or display of an ECW towards a single subject.

Example: Four officers respond to one call and only one officer issues a warning and a second officer deploys a weapon on a single subject. This would be one incident and two contacts (e.g., 1 and 1b).

ECW Warning Types

- **Verbal/visual warning** – any spoken words or display of the ECW that would indicate to a subject that an ECW may be used. This warning can include:

- 1) Any direct wording to a subject indicating or implying that an ECW will be used:

Example: Displaying ECW and shouting, "Stop!"

- 2) Any indirect wording that a subject may overhear indicating or implying that an ECW is about to be deployed.

Example: A warning to other officers that an ECW is about to be deployed: "Taser, Taser, Taser"

- **Laser warning** - laser function of the ECW is utilized as a warning.
- **Spark warning** - spark function of the ECW is utilized as a warning.

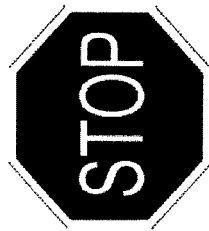
ECW Deployment Types

- **Probe Deployment** – the probe function of the ECW is utilized (includes follow-up drive stuns when a single probe is still attached).
- **Stun Deployment** – the drive stun function of the ECW is utilized.



EX	Incident Number	Weapon Serial Number List the serial number of the FCW weapon that was involved.	Weapon Color Indicate the color of the FCW device.	Date of Incident Indicate date on which incident occurred.	5		6		7		8	
					Was an FCW warning given at any point during the incident?	Was an FCW warning given? Warning? given?	Was an FCW warning given? Warning? given?	Was an FCW warning given? Warning? given?	Was an FCW warning given? Warning? given?	Was an FCW warning given? Warning? given?	Was an FCW warning given? Warning? given?	Was an FCW warning given? Warning? given?
1	2	3	4	5	6	7	8	9	10	11	12	13
EX 1	XX12345	Yellow	01/02/2015	Yes	Yes	No	No	No	No	No	No	No
EX 7b	C23456	Black	01/02/2015	No	No	No	No	No	No	No	No	No
EX 2	71234DE	Yellow	02/05/2015	Yes	Yes	No	No	No	No	No	No	No
01	1	X30000H62	Yellow	01/12/2018	No	No	No	No	No	No	No	No
02	2	X30002EF7	Yellow	02/15/2018	Yes	Yes	No	No	No	No	No	No
03	3	X30001D95	Yellow	02/18/2018	Yes	Yes	No	No	No	No	No	No
04	4	X30004W7R	Yellow	03/01/2018	No	No	No	No	No	No	No	No
05	5	X30000H4W	Yellow	04/28/2018	No	No	No	No	No	No	No	No
06	6	X30002EF7	Yellow	05/07/2018	No	No	No	No	No	No	No	No
07	7	X30002EF7	Yellow	05/21/2018	No	No	No	No	No	No	No	No
08	8	X30004W7R	Yellow	06/13/2018	No	No	No	No	No	No	No	No
09	9	X30000H24	Yellow	06/15/2018	Yes	Yes	No	No	No	No	No	No
10	9A	X30000H48	Yellow	06/15/2018	Yes	Yes	No	No	No	No	No	No
11	10	X30007E3X	Yellow	06/27/2018	Yes	Yes	No	No	No	No	No	No

9		10		11		12		13		14
Information		Prior Deployments		Current Deployments		Subject Sex		Subject Race		DOB
Did the subject submit the any CW/variant type, did submission continue through the duration of the entire incident?	1. Indicate the number of 2 day deployments	2. Indicate the number of 3 second cycle deployments	3. Did subject submit complete deployment?	4. Indicate the number of 3 day deployments	5. Did subject submit complete deployment?	Subject Sex		Subject Race		Subject date of birth
Yes or No			Yes or No		Yes or No	Male Female Non-Binary (if applicable) If Non-Binary		With the exception of Hispanic or Latino consider all race categories as being of non-Hispanic origin		Blank Leave blank If unknown
Did the subject submit CW/variant type, did submission continue through the duration of the entire incident?	1. Indicate the number of 2 day deployments	2. Indicate the number of 3 second cycle deployments	3. Did subject submit complete deployment?	4. Indicate the number of 3 day deployments	5. Did subject submit complete deployment?	STOP				Blank Leave blank If unknown
Yes or No			Yes or No		Yes or No	Male Female		White Black Hispanic or Latino American Indian/Alaska Native Asian Native Hawaiian or other Pacific Islander Two or more races Other (please specify on the line) Unknown		Blank Leave blank If unknown
EX	No	0	3	Yes	Yes	2	Male	White	05/10/1965	
EX		1				0	Male	White	05/10/1965	
EX	Yes	0				0	Female	American Indian/Alaska Native	12/01/1948	
01		1	1	Yes		0	Male	Black	05/21/1982	
02		2	1	Yes		0	Male	White	11/12/1983	
03		2	2	No		0	Male	Hispanic or Latino	01/04/1983	
04		0				1	Male	White	11/15/1978	
05		1	1	No		0	Male	Black	09/20/1983	
06		0				2	Male	Black	12/30/1985	
07		1	2	Yes		0	Male	Black	02/03/1990	
08		1	1	Yes		0	Male	Black	07/02/1976	
09		1	1	Yes		0	Male	White	03/15/1962	
10		1	1	Yes		0	Male	White	03/15/1962	
11		0			Yes	1	Male	Black	07/15/1987	



Need more pages?

Use the following pages to report additional cases. If additional space is still needed, copy the original blank file and complete.

	9	10	11	12	13	14
	Submit when subject is submitted to any ECG waveform (994, old submission continues throughout the duration of the entire incident?)	a. Indicate the number of 2-lead ECGs submitted to probe the number of second cycle deployments.	b. Indicate the number of 3-lead ECGs submitted to probe the number of second cycle deployments.	Non-deployments? (If 0, enter 0 and skip to question 12)	Subject's sex	Subject's age
EX	No	0	2	Yes	Male	White
EX	Yes	1	0	Male	Male	White
EX	Yes	0	0	Female	Female	American Indian/Alaska Native
12						
13						
14						
15						
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22						